THE LANCET Infectious Diseases

Supplementary webappendix

This webappendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Gregson J, Kaleebu P, Marconi VC, et al. Occult HIV-1 drug resistance to thymidine analogues following failure of first-line tenofovir combined with a cytosine analogue and nevirapine or efavirenz in sub Saharan Africa: a retrospective multi-centre cohort study. *Lancet Infect Dis* 2016; published online Nov 30. http://dx.doi.org/10.1016/S1473-3099(16)30469-8.

Supplementary Table 1: Characteristics of studies from the TenoRes collaboration included in the present analysis

Study	Country	Income region	Study type	Underlying cohort exclusively first line treated?	Follow-up Active* or passive	N	TDF resistanc e	VL threshold for genotype	Use of FTC	Use of NVP	Baselin e CD4 <100	Baseline viral load >100,000	
Sub Saharan Africa													
ACTION	Nigeria	LMIC	Cohort	Yes	Passive	17	10	1000	17 (100%)	7 (41%)	10 (59%)	-	
ACTION Plus UP,	Nigeria	LMIC	Cohort	Yes	Passive	21	17	1000	18 (86%)	12 (57%)	8 (38%)	-	
Doris Duke Study	Nigeria	LMIC	Trial	Yes	Active	13	8	1000	0 (0%)	3 (23%)	5 (38%)	7 (54%)	
Harvard/APIN PEPFAR	Nigeria	LMIC	Cohort	No	Active	20	15	2000	18 (90%)	19 (95%)	16 (80%)	17 (85%)	
CDC Nigeria ADR	Nigeria	LMIC	Cohort	Yes	Passive	6	3	1000	5 (83%)	6 (100%)	2 (33%)	4 (67%)	
Lubumbashi,	DRC	LIC	Trial	Yes	Active	12	6	1000	12 (100%)	12 (100%)	7 (58%)	9 (75%)	
UVRI/MoH Uganda surveillance study	Uganda	LIC	Cohort	Yes	Passive	35	19	1000	18 (51%)	24 (69%)	18 (51%)	29 (83%)	
CDC Uganda ADR	Uganda	LIC	Cohort	Yes	Passive	5	3	1000	4 (80%)	3 (60%)	2 (40%)	-	
CDC/MoH, Tanzania	Tanzania	LIC	Cohort	No	Active	15	3	1000	12 (80%)	1 (7%)	-	-	
CDC Kenya ADR	Kenya	LMIC	Cohort	Yes	Passive	43	31	1000	1 (2%)	27 (63%)	17 (40%)	-	
TDF AMPATH	Kenya	LMIC	Cohort	Yes	Active	27	19	1000	0 (0%)	23 (85%)	-	-	
PASER	Nigeria, Uganda, South Africa, Kenya, Zambia, Zimbabwe	LMIC	Cohort	No	Active	53	19	1000	52 (98%)	17 (32%)	27 (51%)	35 (66%)	
Aurum, KZN	South Africa	HMIC	Cohort	No	Active	11	0	1000	9 (82%)	3 (27%)	1 (9%)	0 (0%)	
Africa Centre, KZN	South Africa	HMIC	Cohort	No	Passive	64	45	1000	0 (0%)	10 (16%)	32 (50%)	-	
Bloemfontein,	South Africa	HMIC	Cohort	No	Passive	78	59	1000	2 (3%)	16 (21%)	14 (18%)	1 (1%)	
RFVF, Durban	South Africa	НМІС	Cohort	Yes	Passive	51	34	1000	0 (0%)	7 (14%)	26 (51%)	0 (0%)	
CDC/NCID, KZN,	South Africa	HMIC	Cohort	Yes		98	49	1000	0 (0%)	33 (34%)	-	-	
MSF	Swaziland	HMIC	Cohort	No	Active	22	12	1000	0 (0%)	5 (23%)	10 (45%)	6 (27%)	
CDC Zambia ADR	Zambia	LMIC	Cohort	No	Passive	14	8	1000	13 (93%)	1 (7%)	4 (29%)	-	
OCTANE	Kenya, Botswana, Malawi, South Africa, Zambia, Zimbabwe	LMIC	Trial	Yes	Active	36	7	2000	36 (100%)	36 (100%)	16 (44%)	27 (75%)	

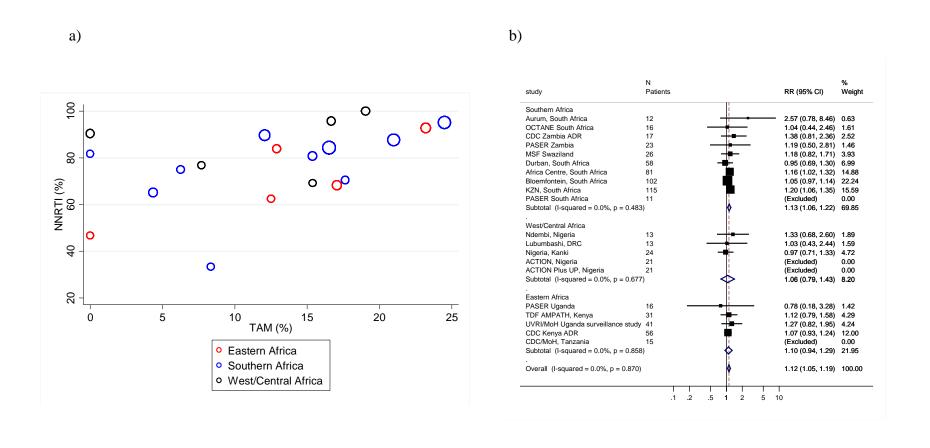
Supplementary Table 2: Number of patients with available data for covariates and number of patients contributing to subgroup analyses.

Study Patients contributing to subgroup analyses Ν N with information on CD4 or viral load Viral load (log10 HIV1-NRTI Gender NNRTI Baseline CD4 RNA/ml) (cells/mm3) 3TC FTC Female Male EFV NVP Unavail-<100 >100 <5 >5 Base-Unavai-Base line able lable viral line CD4 load **Eastern Africa** CDC Kenya ADR CDC/MoH, Tanzania **PASER** Uganda TDF AMPATH. Kenva UVRI/MoH Uganda surveillance study **Southern Africa** Africa Centre, South Africa Aurum, South Africa Bloemfontein, South Africa CDC Zambia ADR Durban, South Africa KZN, South Africa MSF Swaziland **OCTANE South Africa PASER South Africa PASER Zambia** West/Central Africa ACTION Plus UP, Nigeria ACTION, Nigeria Lubumbashi, DRC Doris Duke study, Nigeria, Kanki

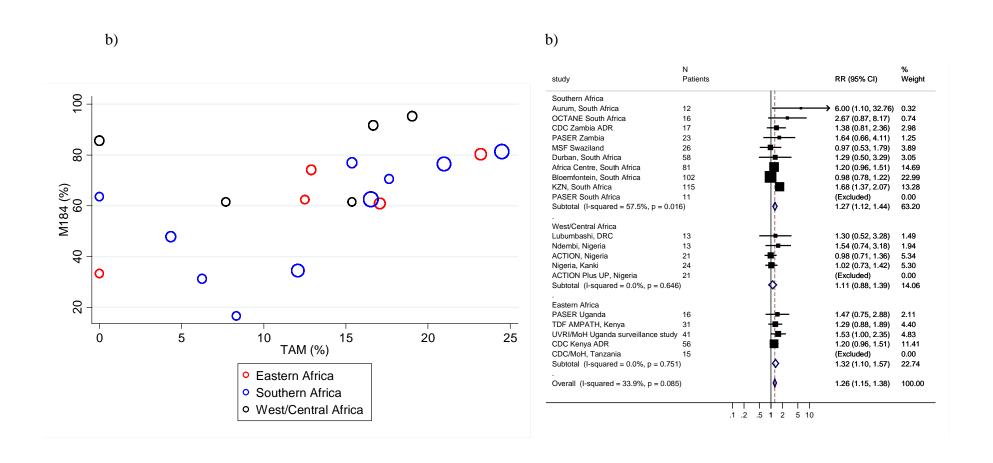
Supplementary Table 3: Information on drug resistance and baseline characteristics of participants by HIV-1 subtype. Note that subtype AG is also known as CRF_02

Subtype	N	TAM, N (%)	TDF	EFV or NVP	Lamivudine	NVP use,	FTC use, N(%)	Baseline CD4 (cells/mm3),	Baseline viral load
			resistance, N	resistance,	resistance,	N(%)		median (IQR)	(log10/ml),
			(%)	N(%)	N(%)				median (IQR)
Α	90	21 (23.3%)	52 (57.8%)	73 (81.1%)	60 (66.7%)	65 (72.2%)	25 (27.8%)	113.0 (50.0 to 223.0)	5.6 (5.2 to 5.9)
AG/G	49	10 (20.4%)	38 (77.6%)	46 (93.9%)	44 (89.8%)	33 (67.3%)	37 (75.5%)	66.0 (30.0 to 126.0)	5.2 (4.7 to 5.5)
С	481	80 (16.6%)	293 (60.9%)	404 (84.0%)	305 (63.4%)	122 (25.4%)	87 (18.1%)	93.5 (34.0 to 159.0)	4.8 (3.6 to 5.5)
D	42	3 (7.1%)	30 (71.4%)	30 (71.4%)	31 (73.8%)	22 (52.4%)	23 (54.8%)	77.0 (25.5 to 178.5)	5.6 (5.0 to 5.8)
Other	50	1 (2.0%)	32 (64.0%)	42 (84.0%)	38 (76.0%)	28 (56.0%)	32 (64.0%)	92.0 (26.0 to 221.0)	5.4 (5.1 to 5.9)

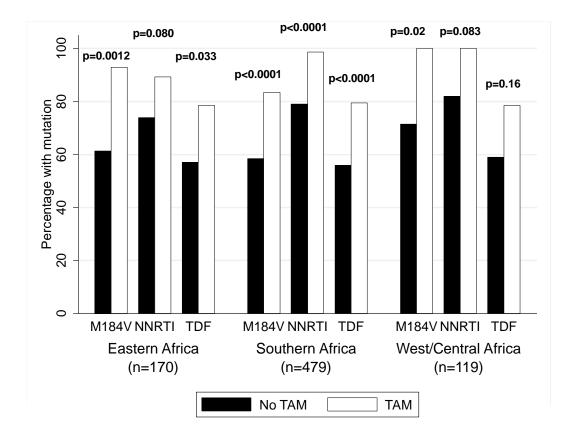
Supplementary Figure 1: a) Scatter of study-level prevalence of NNRTI resistance and prevalence of TAM by region. Markers are weighted by study size. (Spearman's rho=0.62 p<0.0001); **b)** meta-analysis of odds ratios for NNRTI resistance in participants with TAM versus those without TAM within individual studies



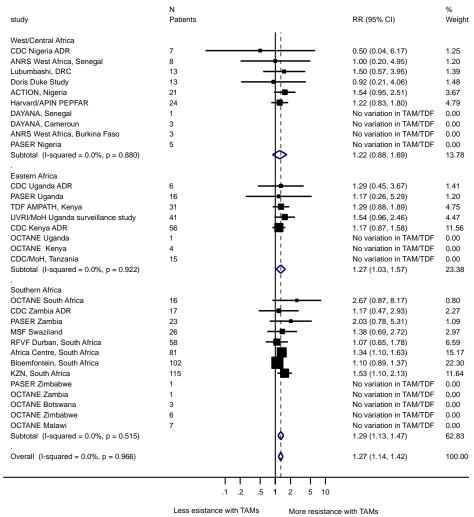
Supplementary Figure 2: a) Scatter of study-level prevalence of lamivudine resistance and prevalence of TAM by region. Markers are weighted by study size. (Spearman's rho=0.65 p<0.0001; **b**) meta-analysis of odds ratios for lamivudine resistance in participants with TAM versus those without TAM within individual studies



Supplementary Figure 3: Estimated prevalence of drug resistant mutations, sensitivity analyses including all participants from studies in sub-Saharan Africa (including those with <10 patients)



Supplementary Figure 4: Within study comparison of tenofovir resistance by presence or absence of TAMs; sensitivity analyses including all participants from studies in sub-Saharan Africa (including those with <10 patients)



esistance with TAMs More resistance with TAMs

Odds ratio (95% CI)

Study Groups

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